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To:

Division of Corporations Fax Number : (850)617-6383

From:

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Account Name	: CS SUNBIZ, LLC
Account Number	: 120040000164
Phone	: (407)691-5600
Fax Number	: (407)691-5620

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_KWHITE@AHG-GROUP.COM

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MŪLTICORE TECHNOLOGIES, LLC

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23-05-26.13:21 FROM- ang toshiba	4076915620	T-149	P0002/0004 F-874			
(H23000194121 3))) ARTICLES OF	AMENDMENT	*				
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ARTICLES OF 0	ORGANIZATION					
č.	)F	~	:			
MULTICORE TECHNOLOGIES, LLC						
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our reco	ords,)				
(A Florida Limited	Liability Company)					
The Articles of Organization for this Limited Liability Company	were filed on December 17, 1	2019	and assigned			
Florida document number L19000306790						
This amendment is submitted to amend the following:						
-						
A. If amending name, <u>enter the new name of the limited liab</u>	<u>ility company here</u> :					
The new name must be distinguishable and contain the words "Limited Liabi	lity Company" the designation "I		abbreviation "LLC"			
	319 N. Crystal Lake Drive					
Enter new principal offices address, if applicable:	Suite 103					
(Principal office address MUST BE A STREET ADDRESS)	Orlando, FL 32803					
	· ·	<u></u>				
Enter new mailing address, if applicable:	319 N. Crystal Lake Drive					
(Mailing address MAY BE A POST OFFICE BOX)	Suite 103					
Manning address MALL DE AX OSX OF THEE DOM	Orlando, FL 32803					
	i		~ 1			
B. If amending the registered agent and/or registered of	flice address on our recor	rds, <u>ente</u>	er the name of the ne			
registered agent and/or the new registered office address ber	<u>e</u> ;		•			
			25			
Name of New Registered Agent:						
New Registered Office Address:	Enter Florida street addi					
			50			
	, ] City	Florida _	Zip Code			
			-			

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

4076915620

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

## MGR = Manager

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AMBR = Authorized Member

<u>Title</u>	<u>Nите</u>	Address	Type of Action
			D Add
			C Remove
			D Change
			D Add
			C Remove
		·····	D Change
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		·	🗆 Remove
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			Change
			🗆 Add
			Remove
			Change
	<u> </u>		0 Add
			Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated <u>May 26</u>

2023

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Signature of a member or authorized representative of a member

Jody Wilson

Typed or printed name of signee

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